

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/018406			
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5	1					55			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
OTAL ID.						TOTAL IND.			
OTAL EP.	10					TOTAL DEP.			
OTAL CLAIMS	24					TOTAL CLAIMS			